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EXAMINER

TOMASZEWSKI, MICHAEL

|          |              |
|----------|--------------|
| ART UNIT | PAPER NUMBER |
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3626

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Please find below and/or attached an Office communication concerning this application or proceeding.

|                              |                                      |                                    |  |
|------------------------------|--------------------------------------|------------------------------------|--|
| <b>Office Action Summary</b> | <b>Application No.</b><br>09/844,933 | <b>Applicant(s)</b><br>CHAN ET AL. |  |
|                              | <b>Examiner</b><br>Mike Tomaszewski  | <b>Art Unit</b><br>3626            |  |

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

**Status**

- 1) ☒ Responsive to communication(s) filed on 18 August 2006.
- 2a) ☒ This action is **FINAL**.                      2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

**Disposition of Claims**

- 4) ☒ Claim(s) 1-54 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-54 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

**Application Papers**

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

**Priority under 35 U.S.C. § 119**

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

**Attachment(s)**

- |  |   |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)          | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____                                      |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)          | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____  | 6) <input type="checkbox"/> Other: _____                          |

## **DETAILED ACTION**

### ***Notice To Applicant***

1. This communication is in response to the amendment filed on 8/18/06. Claims 1, 7, 10, 14, 18, 20-23, 30, 34, 37-38, 50 and 54 have been amended. Claims 1-54 are pending.

### ***Claim Rejections - 35 USC § 103***

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-9, 18-29, 38-46 and 54 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao (6,283,761; hereinafter Joao), in view of Ertel (5,307,262; hereinafter Ertel), in view of Campbell (6,047,259; hereinafter Campbell), and in view of Snell (5,722,999; hereinafter Snell).

(A) As per currently amended claim 1, Joao discloses a method for managing diseases and wellness online, the method comprising:

- (1) receiving patient data over a network from a user regarding a health condition being experienced by the user (Joao: abstract; col. 3, lines 34-45; Fig. 1-15B);
- (2) performing an analysis of the patient data (Joao: abstract; col. 17, lines 24-61; Fig. 1-15B); and
- (3) outputting, in response to the patient data, a medical recommendation of the health condition based on a second database, that includes medical decision-making intelligent agents, accesses to clinical research information, related health databases and resources controlled by various professional participants, wherein the medical recommendation includes what the user is suggested to do in regarding to the health condition (Joao: abstract; col. 4, lines 39-47; Fig. 1-15B).

Joao, however, fails to *expressly* disclose a method for managing diseases and wellness online, the method comprising:

- (4) filtered patient data;

- (5) filtering the patient data according to a first database to produce filtered patient data, wherein the filtering of the patient data comprises:
  - (a) discarding some of the patient data that is not so related to the health condition; and
  - (b) requesting correction or verification on some of the patient data with the user when the patient data appears abnormal according to the first database; and
- (6) alerting parties regarding the user if the health condition is not normal.

Nevertheless, these features are old and well known in the art, as evidenced by Ertel. In particular, Ertel discloses a method for managing diseases and wellness online, the method comprising:

- (4) filtered patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig. 1-4);
- (5) filtering the patient data according to a first database to produce filtered patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig. 1-4), wherein the filtering of the patient data comprises:
  - (a) discarding some of the patient data that is not so related to the health condition (Snell: abstract; col. 16, lines 55-67; Fig. 9); and

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- (b) requesting correction or verification on some of the patient data with the user when the patient data appears abnormal according to the first database (Campbell: col. 9, lines 65-66); and
- (6) alerting parties regarding the user if the health condition is not normal (Campbell: col. 13, lines 47-51).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Ertel with the teachings of Joao with the motivation of improving data quality (Ertel: col. 5, lines 20-53).

(B) As per original claim 2, Joao fails to *expressly* disclose the method of claim 1, wherein the receiving of the patient data comprises:

- (1) verifying the user by looking up an account associated with the user;
- (2) requiring the user to set up the account if the account can not be verified;  
and
- (3) composing a number of questions based on the first database in conjunction with the account if the account can be verified.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the method of claim 1, wherein the receiving of the patient data comprises:

- (1) verifying the user by looking up an account associated with the user  
(Campbell: abstract; col. 6, lines 20-64; Fig. 1-14);
- (2) requiring the user to set up the account if the account can not be verified  
(Campbell: abstract; col. 6, lines 20-64; Fig. 1-14); and
- (3) composing a number of questions based on the first database in  
conjunction with the account if the account can be verified (Campbell:  
abstract; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(C) As per original claim 3, Joao discloses the method of Claim 2, wherein the account lists the health condition about the user and wherein the first database includes common knowledge database about the health condition, the knowledge database being constantly updated with other related servers on the network (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(D) As per original claim 4, Joao discloses the method of Claim 3, wherein the patient data includes answers from the user to the questions (Joao: abstract; col. 16, line 33-col. 20, line 20; col. 29, lines 15-39; Fig. 1-15B).

(E) As per original claim 5, Joao discloses the method of Claim 1, wherein the receiving of the patient data comprises receiving diagnostic data from a diagnostic test device (Joao: abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B).

(F) As per original claim 6, Joao discloses the method of Claim 1, wherein the patient data includes diagnostic data from a diagnostic test device (Joao: abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B).

(G) As per currently amended claim 7, Joao discloses the method of Claim 1, wherein:

- (1) the first database includes a common knowledge database that is constantly updated with other related servers on the network (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(H) As per original claim 8, Joao discloses the method of Claim 7, wherein the analysis includes a statistical analysis and a medical analysis of the patient data (Joao: abstract; col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B).

(I) As per original claim 9, Joao discloses the method of Claim 8, wherein the performing of the analysis of the patient data comprises:

- (1) obtaining statistical features of the patient data through the statistical analysis (Joao: abstract; col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B);
- (2) determining possible causes related to the health condition out of the patient data in conjunction with the statistical features (Joao: abstract; col. 17, lines 25-61; col. 20, lines 12-20; Fig. 1-14B).

(J) As per currently amended claim 18, Joao discloses the method of Claim 1, wherein the second database is a medical management knowledgebase including one or more static and dynamic information from multiple sources pertaining to the health condition (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(K) As per currently amended claim 19, Joao discloses the method of Claim 18, wherein the health condition includes one of a disease or a health issue (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B).

(L) As per currently amended claim 20, Joao fails to *expressly* disclose the method of Claim 1, wherein the receiving of the patient data over the network comprises:

- (1) maintaining an account associated with the user; and
- (2) updating the account with the patient data related to the health condition.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the method of Claim 1, wherein the receiving of the patient data over the network comprises:

- (1) maintaining an account associated with the user (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14); and
- (2) updating the account with the patient data related to the health condition (Campbell: abstract; col. 6, lines 20-64; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(M) As per currently amended claim 21, Joao discloses a method for managing diseases and wellness online, the method comprising:

- (1) maintaining an account associated with a user having a health condition (Joao: abstract; Fig. 1-15B);

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- (2) receiving over a network a request from the user to access the account  
(Joao: abstract; Fig. 1-15B);
- (3) receiving data from the user in response to the questions, wherein the data includes answers to the questions and/or diagnostic data received from a diagnostic test device pertaining to the health condition (Joao: abstract; col. 16, line 3-col. 20, lines 20; Fig. 1-15B);
- (4) wherein the first database includes common knowledge database about the health condition and is being constantly updated with other related servers on the network (Joao: abstract; col. 7, lines 42-48; col. 16, line 33-col. 20, line 20; Fig. 1-15B);
- (5) performing an analysis of the patient data (Joao: abstract; col. 17, lines 24-61; Fig. 1-15B); and
- (6) providing to the user a medical recommendation of the health condition based on a second database that includes medical decision-making intelligent agents, accesses to clinical research information, related health databases and resources controlled by various professional participants, wherein the medical recommendation includes what the user is suggested to do in regarding to the health condition; and (Joao: abstract; col. 4, lines 39-47; Fig. 1-15B).

Joao, however, fails to *expressly* disclose a method for managing diseases and wellness online, the method comprising:

- (7) composing a number of questions from the account after the user is authenticated; and
- (8) filtering the patient data according to a first database to produce filtered patient data, wherein the filtering of the patient data comprises:
  - (a) discarding some of the patient data that is not so related to the health condition;
  - (b) requesting correction or verification on some of the patient data with the user when the patient data appears abnormal to the first database; and
- (9) alerting related parties regarding the user if the health condition is not normal.

Nevertheless, these features are old and well known in the art as evidenced by Ertel and Campbell. In particular, Ertel and Campbell disclose a method for managing diseases and wellness online, the method comprising:

- (7) composing a number of questions from the account after the user is authenticated (Campbell: abstract; Fig. 1-14);
- (8) filtering the patient data according to a first database to produce filtered patient data (Ertel: abstract; col. 37, lines 39-67; col. 41, lines 12-64; Fig. 1-4), wherein the filtering of the patient data comprises:

- (a) discarding some of the patient data that is not so related to the health condition (Snell: abstract; col. 16, lines 55-67; Fig. 9); and
- (b) requesting correction or verification on some of the patient data with the user when the patient data appears abnormal to the first database (Campbell: col. 9, lines 65-66); and
- (9) alerting related parties regarding the user if the health condition is not normal (Campbell: col. 13, lines 47-51).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Ertel with the combined teachings of Joao and Campbell with the motivation of improving data quality (Ertel: col. 5, lines 20-53).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(N) Currently amended claim 22 substantially repeats the same limitations as those of claim 18 and therefore, is rejected for the same reasons given for claim 18 and incorporated herein.

(O) Currently amended claim 23 substantially repeats the same limitations as those of claim 19 and therefore, is rejected for the same reasons given for claim 19 and incorporated herein.

(P) As per original claim 24, Joao discloses the method of Claim 21, wherein the account is maintained in a server coupled to the network, and wherein the request is generated from a terminal device being used by the user, the request being an IP request including an address identifying the server (Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

(Q) As per original claim 25, Joao discloses the method of Claim 24, wherein the terminal device is capable of data communication with the server over the network and includes a display screen to display the medical recommendation (Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

(R) As per original claim 26, Joao discloses the method of Claim 25, wherein the terminal device is selected from a group consisting of a personal computer, a network enabled cellular phones, a portable computing device and a personal digital assistant (Joao: abstract; col. 14, lines 49-58; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

Examiner has noted insofar as claim 26 recites "selected from a group consisting of a personal computer, a network enabled cellular phones, a portable computing device and a personal digital assistant," a personal computer is recited

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(S) As per original claim 27, Joao discloses the method of Claim 24, wherein the medical recommendation is in a format of a markup language displayable on the terminal device (Joao: abstract; col. 15, line 17-col. 16, line 33; Fig. 1-14B).

(T) As per original claim 28, Joao fails to *expressly* disclose the method of Claim 21, wherein the composing of the number of questions comprises generating the questions about the user in reference to the health condition and further in reference to the first database.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the method of Claim 21, wherein the composing of the number of questions comprises generating the questions about the user in reference to the health condition and further in reference to the first database (Campbell: abstract; Fig. 1-14).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of Campbell with the combined teachings of Joao and Ertel with the motivation of managing healthcare (Campbell: col. 1, lines 7-14).

(U) Claims 29, 38-46 and 54 substantially repeat the same limitations as those of claims 1-20 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

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4. Claims 10-17, 30-37 and 47-53 are rejected under 35 U.S.C. 103(a) as being unpatentable over Joao, in view of Ertel, in view of Snell, as applied to claim 1 above, and further in view of Lapointe et al. (US 2001/0023419; hereinafter LaPointe).

(A) As per currently amended claim 10, Joao fails to *expressly* disclose the method of Claim 9, wherein the statistical analysis of the patient data includes at least one of a fundamental statistics, a data variability analysis, correlation analysis, causal analysis and a trend forecasting.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 9, wherein the statistical analysis includes a fundamental statistics, a data variability analysis, and a trend forecasting (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(B) As per original claim 11, Joao fails to *expressly* disclose the method of Claim 10, wherein some of the statistical features by the fundamental statistics include mean, mode, max, min, ratios and fractions to determine an appropriate sorting algorithm.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein some of the statistical features by the fundamental statistics include mean, mode, max, min,

ratios and fractions to determine an appropriate sorting algorithm (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(C) As per original claim 12, Joao fails to *expressly* disclose the method of Claim 10, wherein the variability analysis determines how significant the patient data is as well as the patient data is distributed.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein the variability analysis determines how significant the patient data is as well as the patient data is distributed (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(D) As per original claim 13, Joao fails to *expressly* disclose the method of Claim 10, wherein the trend forecasting includes a projection of the patient data, computation of trends with respect to the patient data using one or more mathematical methods.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 10, wherein the trend

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forecasting includes a projection of the patient data, computation of trends with respect to the patient data using one or more mathematical methods (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(E) As per currently amended claim 14, Joao fails to *expressly* disclose the method of Claim 13, wherein the one or more mathematical methods include one or more of linear regression techniques, non-linear regression techniques, curve-fitting methods and numerical analyses.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 13, wherein the one or more mathematical methods include one or more of linear and/or non-linear regression techniques, curve-fitting methods and numerical analyses (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(F) As per original claim 15, Joao fails to *expressly* disclose the method of Claim 8, wherein the performing of the analysis of the patient data comprises, through the

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medical analysis, evaluating a state of the health condition using a medically related logic, risk stratification, and protocols/algorithms/guidelines that pertain to the health condition.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 8, wherein the performing of the analysis of the patient data comprises, through the medical analysis, evaluating a state of the health condition using a medically related logic, risk stratification, and protocols/algorithms/guidelines that pertain to the health condition (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(G) As per original claim 16, Joao fails to *expressly* disclose the method of Claim 15, wherein the medically related logic is a medical modeling logic that simulates a medical decision-making process and is based on general medical decision making principles.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 15, wherein the medically related logic is a medical modeling logic that simulates a medical decision-making process and is based on general medical decision making principles (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(H) As per original claim 17, Joao fails to *expressly* disclose the method of Claim 15, wherein the medically related logic is a medical modeling logic that is based on branch/tree logic and hash or hash-like array memory structures.

Nevertheless, these features are old and well known in the art, as evidenced by LaPointe. In particular, LaPointe discloses the method of Claim 15, wherein the medically related logic is a medical modeling logic that is based on branch/tree logic and hash or hash-like array memory structures (LaPointe: abstract; par. [0005], [0023] - [0029], [0080], [0130]).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of LaPointe with the combined teachings of Joao, Ertel and Snell with the motivation improving diagnostic methodologies (LaPointe: par. [0020]).

(I) Claims 30-37 substantially repeat the same limitations as those of claims 1-20 and therefore, are rejected for the same reasons given for those claims and incorporated herein.

***Response to Arguments***

5. Applicant's arguments filed 8/18/06 have been fully considered but they are not persuasive. Applicant's arguments will be addressed hereinbelow in the order in which they appear in the response filed 8/18/06.

(A) On page 14 of the 8/18/06 response, Applicant argues that none of the cited references teaches or suggests the filtering operation of claim 1. Applicant argues further that there is no motivation to combine Joao and Ertel.

In response, Examiner respectfully submits that the combined teachings of Joao, Ertel, Snell, and Campbell, *in toto*, do indeed teach Applicant's claimed filtering operation. For example, Snell teaches filtering data by discarding irrelevant data (Snell: col. 16, lines 55-67). Ertel, on the other hand, teaches, *inter alia*, processing, correcting, removing, aggregating, and summarizing patient data (i.e., "filtering" patient data) (Ertel: col. 41, lines 39-64). In addition, the Ertel system has a filtering component that filters patient data (See Ertel: col. 37, lines 39-40). Lastly, Campbell discloses a system that may request the user to verify patient data and alerts a user if the health condition of a patient is abnormal (See Campbell: col. 9, line 65-col. 10, line 4; col. 13, lines 48-51).

Examiner also notes that although Joao may not "*expressly*" disclose, "filtering," a broad, yet reasonable, interpretation of Joao does teach Applicant's claimed filtering operation. For example, Joao discloses a database with an enormous amount of

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medical/patient information (e.g., patient demographics, patient medical histories, patient conditions, etc.) (Joao: col. 16, line 33-col. 20, line 20). Moreover, Joao teaches the generation of a “diagnostic report” based on the patient's condition which does not include unrelated patient condition information (e.g., insurance information, medication information, educational material, etc.) (Joao: abstract)—The diagnostic report generator discards patient data unrelated to the patient's condition/diagnosis. As such, Joao's diagnostic report generator, in essence, is performing the filtering claimed by Applicant (i.e., filtering patient data, discarding patient data that is not so related to the health condition). Lastly, Joao also teaches correction/verification of patient data (Joao: col. 8, lines 35-38).

As per Applicant's argument pertaining to motivation, the examiner recognizes that obviousness can only be established by combining or modifying the teachings of the prior art to produce the claimed invention where there is some teaching, suggestion, or motivation to do so found either in the references themselves or in the knowledge generally available to one of ordinary skill in the art. See *In re Fine*, 837 F.2d 1071, 5 USPQ2d 1596 (Fed. Cir. 1988) and *In re Jones*, 958 F.2d 347, 21 USPQ2d 1941 (Fed. Cir. 1992). In this case, managing healthcare and improving data quality are the motivations to combine the teachings of Joao, Campbell, and Ertel.

(B) On page 15 of the 8/18/06 response, Applicant argues that Joao does not explicitly recite that the patient data is provided by a user experiencing a health

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condition. Applicant also argues that Joao does not teach, "performing an analysis of the filtered patient data."

In response, Examiner respectfully submits that Joao does indeed teach the aforementioned claim limitations. For example, Joao teaches, *inter alia*, that any party (e.g., patient experiencing health condition, provider, intermediary, etc.) can share, provide, transmit, receive, process, communicate, and utilize any information (e.g., demographics, patient diagnoses, patient medical histories, etc.) with any combination of parties (Joao: col. 3, lines 34-45; col. 4, lines 26-33). Joao also teaches, *inter alia*, performing diagnoses, prognoses, devising treatment plans, and evaluations using patient diagnosis reports (i.e., "performing an analysis of the filtered patient data").

(C) On page 15 of the 8/18/06 response, Applicant argues that Ertel does neither teaches nor suggests "requesting correction or verification on some of the patient data with the user when the patient data appears abnormal according to the first database."

In response, Examiner respectfully submits that Examiner has not relied upon Ertel in the rejection of this claimed limitation, rather Examiner has relied upon Campbell.

(D) On pages 15-16 of the 8/18/06 response, Applicant argues that Snell does not teach a system whereby a user is consulted to discard some of the patient data that is not so related to the health condition. Applicant also argues that Snell does not teach discarding data based on whether or not the data is related to the health condition.

In response to applicant's argument that the references fail to show certain features of applicant's invention, it is noted that the features upon which applicant relies (i.e., the user is "consulted" rather than prompted) are not recited in the rejected claim(s). Although the claims are interpreted in light of the specification, limitations from the specification are not read into the claims. See *In re Van Geuns*, 988 F.2d 1181, 26 USPQ2d 1057 (Fed. Cir. 1993). Moreover, Examiner considers a broad, yet reasonable, interpretation of Snell's "prompting" feature to be a kin to "consulting." That is, Snell's prompting feature prompts (i.e., consults) the user to contemplate whether the user should delete irrelevant patient data (Snell: col. 16, lines 55-67).

As per Applicant's argument that Snell does not teach discarding data based on whether or not the data is related to the health condition, Examiner respectfully submits that one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986). In the instant case, Examiner has not relied on the solely on the Snell reference to reject the aforementioned features claimed by Applicant, rather, Examiner has relied upon the *combined* teachings of the applied references, *in toto*, to render Applicant's claimed invention obvious, as discussed in section 7. (A) – (D), *supra*.

(E) On page 16 of the 8/18/06 response, Applicant argues that LaPointe teaches away from the claims in that LaPointe explicitly teaches that the statistical analysis is

based on a population of patients as opposed to data provided by the individual user experiencing a health condition, as recited in amended claim 10.

As previously mentioned, Examiner respectfully submits that one cannot show nonobviousness by attacking references individually where the rejections are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981); *In re Merck & Co.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir. 1986).

Examiner respectfully submits that the combined teachings of Joao, Ertel, Campbell, Snell, and LaPointe do teach Applicant's aforementioned feature. For example, Joao teaches that statistical information can be correlated (i.e., analyzed) for any and/or all of the information processed and/or generated by the system (i.e., individual patient data) (Joao: col. 19, lines 21-30; col. 25, lines 39-47).

(F) Applicant's remaining arguments in the response filed 8/18/06 rely upon or re-hash the issues addressed above and therefore, are moot in view of the responses given above and incorporated herein.

### ***Conclusion***

6. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP

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§ 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.


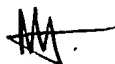
7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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MT



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